



| Deposit Account Maintenance | | X | |
|--|--|---|--|
| Deposit Account Window Help | | | |
|  | | | |
| Deposit Account | | | |
| Number: 500439 | | Balance Amount: -3281.00 | |
| Holder | | | |
| Name: GATEWAY,INC. | |  | |
| Address | | | |
| Attention: | | LORI BOULWARE | |
| Street: | | 610 GATEWAY DR, Y-04 | |
| | | | |
| Province: | | | |
| City: | | SIOUX CITY | |
| State: SD | | Postal Code: 57049 | |
| Country: US | | | |
| Telephone: 605-232-2000 X26809 | | Fax: 605-232-2611 | |
| Details | | | |
| Category Code: NONGOVNMNT | | Type: REGULAR | |
| Notification Amt: 0.00 | | Status | |
| Access Code: 4107 | | <input checked="" type="radio"/> Active <input type="radio"/> Closed | |
| | | TTRAN1 02/10/2006 | |

BEST AVAILABLE COPY

DATE:

2/9/06

TO:

FROM:

Office of Initial Patent Examination

SUBJECT:

Fee Due

APPLICATION NUMBER

886 481
09/866481

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present. please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.



Insufficient fee by check



Insufficient funds in deposit amount



Insufficient by Credit Card



Declined credit card



Non-authorization for charge to deposit account



No fee submitted per requirement

The correct fee code: 1501 + 8001 + 1453

Amount

\$ 1400 + 6 + 1500

The suspended fee code: 1999

Amount

\$

The suspended 1622

Amount

\$

The suspended 2622

Amount

\$

Fee Due

\$ 2906

Terminal Operator